

# **Coronary Ischemia Chest Pain**

# **ADULT**

#### **BLS**

Assess Vitals.

Obtain sp02.

Oxygen. Titrate to SPO2 to 94% or higher.

Provide calming measures.

Aspirin 325 mg PO.

Assist with Nitroglycerin 0.4 mg Sublingual.

- May assist if patient has existing Nitroglycerin prescription.
- Do not administer if BP less than 100 mmHg.
- May repeat every 5 minutes. Max total dose of 3 (1.2mg)

### **ALS**

Follow BLS procedure if applicable.

Obtain ECG & 12-lead.

- Shall obtain 12-lead within 10 minutes of patient contact or document the reason for delay in PCR. If accurately obtained 12-lead ECG interpretation reveals \*\*\*ACUTE MI/SUSPECTED\*\*\* or manufacturer equivalent, expedite transport to SRC, and transmit ECG to STEMI Receiving Center.

IV/IO Access as needed.

ETC02 for patients receiving narcotics.

Nitroglycerin 0.4 mg Sublingual.

- May repeat every 5 minutes.
- Max total dose of 3 (1.2 mg).

Utilizing Paramedic judgment, refer to "Pain Management" protocol if pain persists after Nitroglycerin administration.

## **Contraindications**

## Nitroglycerin

- SBP less than 100mmHg
- Sildenafil (Viagra) within 6 hours.

# **Special Considerations**

- Accurate 12-Lead ECG means minimal to no artifact, with a steady and straight baseline tracing.
- Repeat ECG's may be necessary to achieve an accurate 12-Lead ECG

### **Base Hospital Orders**

Contact Base Hospital physician for treatment that exceeds written protocol